

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

☐Check if different
than previously
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Jamal Jones

Signature of Treasurer

Electronically Filed by Mr. Jamal Jones

Date

04

12

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	88613.40
(b) Cash on Hand at Beginning of Reporting Period	88683.44	
(c) Total Receipts (from Line 19)	2246.00	2246.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90929.44	90859.40
7. Total Disbursements (from Line 31)	89128.44	89128.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1801.00	1730.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	900.00	900.00
(ii) Unitemized	1346.00	1346.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2246.00	2246.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2246.00	2246.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2246.00	2246.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2246.00	2246.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	13.63	13.63	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	13.63	13.63	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58600.00	58600.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	30514.81	30514.81	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	89128.44	89128.44	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89128.44	89128.44	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2246.00	2246.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2246.00	2246.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13.63	13.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13.63	13.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Nagowski

Mailing Address 3022 Muirfield Avenue

City

Fayetteville

State

NC

Zip Code

28306-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Fear Valley Health
System

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: 17908787

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Eugene Wright, MD

Mailing Address 2596 Edmonton Road

City

Fayetteville

State

NC

Zip Code

28304-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Fear Valley Health
System

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: 17908793

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Louis Patalano, IV

Mailing Address 117 Bethabara Lane

City

Cary

State

NC

Zip Code

27513-5771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Fear Valley Health
System

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: 17908795

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC	Transaction ID: 17848192 Date of Disbursement																				
Mailing Address 325 Seventh Street, N.W. Suite 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	1	0												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>58500.00</td> </tr> </table>	58500.00																			
58500.00																					
Candidate Name AHAPAC-American Hospital Association Federal PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC	Transaction ID: 17848403 Date of Disbursement																				
Mailing Address 325 Seventh Street, N.W. Suite 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	1	0												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - AHAPAC-American Hospital Association Federal PAC	<table border="1"> <tr> <td>-58500.00</td> </tr> </table>	-58500.00																			
-58500.00																					
Candidate Name AHAPAC-American Hospital Association Federal PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - AHAPAC-American Hospital Association Federal PAC																				
C. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC	Transaction ID: 17848413 Date of Disbursement																				
Mailing Address 325 Seventh Street, N.W. Suite 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	1	0												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer to AHAPAC	<table border="1"> <tr> <td>58600.00</td> </tr> </table>	58600.00																			
58600.00																					
Candidate Name AHAPAC-American Hospital Association Federal PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Transfer to AHAPAC																				

SUBTOTAL of Disbursements This Page (optional)

58600.00

TOTAL This Period (last page this line number only)

58600.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Eddie Goodall for Senate

Mailing Address 2132 Greenbrook Pkwy

City Weddington State NC Zip Code 28104

Purpose of Disbursement
Void - Eddie Goodall for Senate. Check Never Cashed

Candidate Name
Mr. Eddie Goodall

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NC District:

Transaction ID: 17856727

Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

-500.00

Void - Eddie Goodall for
Senate. Check Never Cashed

B.

Full Name (Last, First, Middle Initial)

Brunstetter for N.C. Senate

Mailing Address 3054 Panther Ridge Ln.

City Lewisville State NC Zip Code 27023

Purpose of Disbursement
Peter Brunstetter, STATE SENATE 31st NC

Candidate Name
Peter S. Brunstetter

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General ☐ Other (specify) ▼

State: NC District:

Transaction ID: 17999916

Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

2000.00

Peter Brunstetter, STATE
SENATE 31st NC

C.

Full Name (Last, First, Middle Initial)

Brunstetter for N.C. Senate

Mailing Address 3054 Panther Ridge Ln.

City Lewisville State NC Zip Code 27023

Purpose of Disbursement
Void - Brunstetter for N.C. Senate

Candidate Name
Peter S. Brunstetter

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General ☐ Other (specify) ▼

State: NC District:

Transaction ID: 17999917

Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

-2000.00

Void - Brunstetter for N.-
C. Senate

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) Marc Basnight for Senate	Transaction ID: 18102237 Date of Disbursement																				
Mailing Address P.O. Box 302	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	0												
City Manteo State NC Zip Code 27954	Amount of Each Disbursement this Period																				
Purpose of Disbursement Marc Basnight, STATE SENATE 1st NC	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name Senator Marc Basnight	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Marc Basnight, STATE SENA- TE 1st NC																				
B. Full Name (Last, First, Middle Initial) Jean Preston for Senate	Transaction ID: 18102244 Date of Disbursement																				
Mailing Address 211 Pompano Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Emerald Isle State NC Zip Code 28594	Amount of Each Disbursement this Period																				
Purpose of Disbursement Jean Preston, STATE SENATE 2nd NC	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Jean Preston	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Jean Preston, STATE SENATE 2nd NC																				
C. Full Name (Last, First, Middle Initial) Ed Jones for NC Senate	Transaction ID: 18102245 Date of Disbursement																				
Mailing Address P.O. Box 786	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Enfield State NC Zip Code 27823	Amount of Each Disbursement this Period																				
Purpose of Disbursement Edward Jones, STATE SENATE 4th NC	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name NC Sen. Edward Jones	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Edward Jones, STATE SENATE 4th NC																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) Harry Brown for Senate	Transaction ID: 18102246 Date of Disbursement																				
Mailing Address 309 Greenway Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Jacksonville State NC Zip Code 28546	Amount of Each Disbursement this Period																				
Purpose of Disbursement Harry Brown, STATE SENATE 6th NC	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NC Sen. Harry Brown	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Harry Brown, STATE SENATE 6th NC																				
B. Full Name (Last, First, Middle Initial) Doug Berger for Senate	Transaction ID: 18102247 Date of Disbursement																				
Mailing Address P.O. Box 1101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Youngsville State NC Zip Code 27596	Amount of Each Disbursement this Period																				
Purpose of Disbursement Doug Berger, STATE SENATE 7th NC	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Doug Berger	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Doug Berger, STATE SENATE 7th NC																				
C. Full Name (Last, First, Middle Initial) A. B. Swindell for Senate	Transaction ID: 18102248 Date of Disbursement																				
Mailing Address 700 Birchwood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Nashville State NC Zip Code 27856	Amount of Each Disbursement this Period																				
Purpose of Disbursement A. B. Swindell, STATE SENATE 11th NC	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Senator A. B. Swindell	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	A. B. Swindell, STATE SEN- ATE 11th NC																				

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Friends of David Rouzer Committee

Mailing Address P.O. Box 2267

City State Zip Code
Smithfield NC 26577Purpose of Disbursement
David Rouzer, STATE SENATE 12th NCCandidate Name
David Rouzer011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼
State: NC District:

Transaction ID: 18102249

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

500.00

David Rouzer, STATE SENATE
12th NC**B.** Full Name (Last, First, Middle Initial)
Neal Hunt for Senate

Mailing Address 2608 Sherborne Place

City State Zip Code
Raleigh NC 27612Purpose of Disbursement
Neal Hunt, STATE SENATE 15th NCCandidate Name
Mr. Neal Hunt011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼
State: NC District:

Transaction ID: 18102250

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

500.00

Neal Hunt, STATE SENATE
15th NC**C.** Full Name (Last, First, Middle Initial)
Robert Atwater for Senate

Mailing Address P.O. Box 1703

City State Zip Code
Pittsboro NC 27312Purpose of Disbursement
Robert Atwater, STATE SENATE 18th NCCandidate Name
Mr. Robert Atwater011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼
State: NC District:

Transaction ID: 18102251

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

500.00

Robert Atwater, STATE SEN-
ATE 18th NC

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) McKissick for NC Senate	Transaction ID: 18102252 Date of Disbursement																				
Mailing Address P.O. Box 51608	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Durham State NC Zip Code 27717	Amount of Each Disbursement this Period																				
Purpose of Disbursement Floyd McKissick, STATE SENATE 20th NC	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NC Sen. Floyd McKissick, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Floyd McKissick, STATE SE- NATE 20th NC																				
B. Full Name (Last, First, Middle Initial) Harris Blake for Senate	Transaction ID: 18102253 Date of Disbursement																				
Mailing Address PO Box 4266	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Pinehurst State NC Zip Code 28374	Amount of Each Disbursement this Period																				
Purpose of Disbursement Harris Blake, STATE SENATE 22nd NC	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Senator Harris Blake	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Harris Blake, STATE SENATE 22nd NC																				
C. Full Name (Last, First, Middle Initial) Foriest for Senate Campaign Committee	Transaction ID: 18102259 Date of Disbursement																				
Mailing Address 2211 Quail Drive P.O. Box 876	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Graham State NC Zip Code 27253	Amount of Each Disbursement this Period																				
Purpose of Disbursement Tony Foriest, STATE SENATE 24th NC	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name NC Sen. Tony Foriest	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Tony Foriest, STATE SENATE 24th NC																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

North Carolina Hospital Association Political Action Committee - Federal

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Jerry Tillman for Senate

Mailing Address 1207 Dogwood Lane

City Archdale State NC Zip Code 27263

Purpose of Disbursement
Jerry Tillman, STATE SENATE 29th NC

Candidate Name
NC Sen. Jerry Tillman

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 18102273

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

500.00

Jerry Tillman, STATE SENA-
TE 29th NC

B.

Full Name (Last, First, Middle Initial)

Don East for Senate

Mailing Address 971 Longhill Rd.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement
Don East, STATE SENATE 30th NC

Candidate Name
Mr. Don East

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 18102282

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

500.00

Don East, STATE SENATE 30-
th NC

C.

Full Name (Last, First, Middle Initial)

Linda Garrou for Senate

Mailing Address 3910 Camerille Farm Road

City Winston-Salem State NC Zip Code 27106

Purpose of Disbursement
Linda Garrou, STATE SENATE 32nd NC

Candidate Name
Senator Linda Garrou

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 18102288

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

3000.00

Linda Garrou, STATE SENATE
32nd NC

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Stan Bingham for Senate

Mailing Address PO Box 86

City
DentonState
NCZip Code
27239

Purpose of Disbursement

Stan Bingham, STATE SENATE 33rd NC

Candidate Name

Senator Stan Bingham

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2009

☒ Primary☐ General☐ Other (specify) ▼

State: NC

District:

Transaction ID: 18102294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

Amount of Each Disbursement this Period

500.00

Stan Bingham, STATE SENATE
33rd NC**B.**

Full Name (Last, First, Middle Initial)

Andrew Brock for Senate

Mailing Address 2207 Farmington Rd.

City
MocksvilleState
NCZip Code
27028

Purpose of Disbursement

Andrew Brock, STATE SENATE 34th NC

Candidate Name

Senator Andrew Brock

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2009

☒ Primary☐ General☐ Other (specify) ▼

State: NC

District:

Transaction ID: 18102295

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Andrew Brock, STATE SENATE
34th NC**C.**

Full Name (Last, First, Middle Initial)

Fletcher Hartsell for Senate

Mailing Address P.O. Box 1709

City
ConcordState
NCZip Code
28026

Purpose of Disbursement

Fletcher Hartsell, STATE SENATE 36th NC

Candidate Name

Senator Fletcher L. Hartsell, Jr.

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2009

☒ Primary☐ General☐ Other (specify) ▼

State: NC

District:

Transaction ID: 18102296

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Fletcher Hartsell, STATE
SENATE 36th NC

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Michael P. Walters for NC Senate

Mailing Address 1887 Oakton Church Road

City
Fairmont

State
NC

Zip Code
28340

Purpose of Disbursement

Michael Walters, STATE SENATE 13th NC

Candidate Name

Michael Page Walters

011
Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: NC

District:

Transaction ID: 18108337

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

Michael Walters, STATE SE-
NATE 13th NC

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

30500.00